

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

ADAM THULL

Civil Case No. 13-mc-00102

Plaintiff(s),

APPLICATION FOR SPECIAL  
ADMISSION – *PRO HAC VICE*

v.

TECHTRONIC INDUSTRIES CO., LTD.,  
et al.

Defendant(s).

Attorney Alexandria L. Bell \_\_\_\_\_ requests special admission *pro hac vice* in  
the above-captioned case.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the  
requirements of LR 83-3, and certify that the following information is correct:

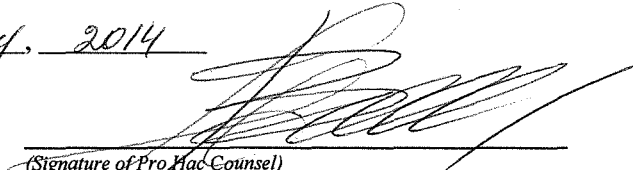
(1) **PERSONAL DATA:**

Name: Bell Alexandria L.  
(Last Name) (First Name) (MI) (Suffix)  
Firm or Business Affiliation: Johnson & Bell, Ltd.  
Mailing Address: 33 West Monroe Street - Suite 2700  
City: Chicago State: Illinois Zip: 60603  
Phone Number: (312) 372-0770 Fax Number: (312) 372-9818  
Business E-mail Address: bella@jbltd.com

**(6) CM/ECF REGISTRATION:**

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at [ord.uscourts.gov](http://ord.uscourts.gov)), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 09 day of January, 2014

  
(Signature of Pro Hac Counsel)

Alexandria Bell  
(Typed Name)

**CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 9th day of January, 2014

/s/Walter H. Sweek

(Signature of Local Counsel)

Name: Sweek Walter H.  
(Last Name) (First Name) (MI) (Suffix)

Oregon State Bar Number: 620920

Firm or Business Affiliation: Cosgrave Vergeer Kester LLP

Mailing Address: 888 SW Fifth Avenue, Suite 500

City: Portland State: OR Zip: 97204

Phone Number: 503 323 9000 Business E-mail Address: wsweek@cosgravelaw.com

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**COURT ACTION**


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☐ Application approved subject to payment of fees.

☐ Application denied.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Judge